| SENDER 2 COMPLETE THIS SECTION DRB | COMPLETE THIS SECTION ON DELIVERY DOCUMENTS FIRST 05/10/2005 Page 1 of 1 |
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| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Signature A. Signature A. Signature A. Agent Addressee B. Received by (<i>Printed Name</i>) C. Date of Delivery MAY 2005 D. Is delivery address different from item 1? If YES, enter delivery address below: |
| Article Addressed to: | If YES, enter delivery address 57,44 |
| Unifund CCR Partners c/o Corporation Trust Company | |
| Corporation Trust Center, 1209 Orange Wilmington DE 19801 | State Type State Certified Mail Registered Insured Mail C.O.D. |
| 54C 05-396 | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number 7 🗆 🖂 4 | 2510 0003 6669 8386 |
| PS Form 3811, February 2004 Domestic | Return Receipt 102595-02-M-1540 |